

Michael Corjulo APRN SB 224

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Public Health Committee

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Greetings Senator Gerratana and Representative Johnson and members of the Public Health Committee,

Thank you for the opportunity to submit testimony in support of:

**RB 224: AN ACT CONCERNING RECOMMENDATIONS OF THE SCHOOL NURSE ADVISORY COUNCIL**

As President of the Association of School Nurses of CT (ASNC) and the Health Coordinator of the ACES RESC/school district, I am grateful for last year's support of the School Nurse Advisory Council Bill. The Council has had a productive inaugural season, and I very much appreciate those recommendations being used as the foundation for RB 224.

I am fully supportive of the proposed wording In addition to meeting such educational requirements and other qualifications, each school nurse or nurse practitioner shall complete the school nurse orientation program offered by the state Department of Education and the Association of School Nurses of Connecticut not later than one year after his or her date of hire. This orientation program continues to evolve into a professional development opportunity that provides education on the unique administrative and clinical aspects of school nursing, essential for nurses regardless of previous experience in other settings.

The proposal to update the current requirement of "one or more school nurses" for each district that has been in effect since 1982 is long-anticipated and much appreciated. I would, however, urge the committee to consider adapting the wording from the Council's recommendation:

***Every district is to maintain a staffing ratio of qualified school nurses to students, consistent with the health care needs of its students, at a level of not less than one qualified school nurse to 750 students.***

The intention of using this ratio of one school nurse : 750 students was to provide a minimal standard based on a population of healthy students, in accordance with the National Association of School Nurses (NASN) 2010 Caseload Assignments Position Statement (see attached reference). An essential component of this reference is the ability to adjust nurse-to-student ratios based on medical complexity of the student population. The following example is an actual school that would need to adapt this ratio to meet the needs of their student population:

- A K-8<sup>th</sup> grade New Haven area Magnet School with 640 students – 17% requiring asthma treatment; 8% with life-threatening food allergies; 3 students with Type 1 diabetes; 2 students with Sickle Cell Disease; 12 students with AD/HD, 5 students with autism; and 3 students with epilepsy.

Revising the wording of RB 224 to that of the Council recommendations would allow each district the flexibility and autonomy to determine ratios that meet the needs of their student populations, and within the context of their own fiscal ability.

An appropriate ratio that meets the chronic and acute health needs of a student population is a foundational component to improving our state's academic achievement gap. Schools with qualified nurses can assess student's health issues and safely return them to class at a much higher rate than teachers or administrators. One of our ACES principals put this in perspective, stating "when I was a principal at my other school that did not have a nurse on site, and a student came to me with a health problem, my two most common options were to call 911 or send them home – I was not qualified to assess if it was safe for them to return to class." This scenario is rampant among schools without adequate nursing coverage and is in direct contradiction to efforts addressing academic achievement gap. While we continues to address the implications of the economic dichotomy of our "Two Connecticut", RB 224 offers a preliminary step toward a future where students in New Haven and Bridgeport can have their health care needs met while attending school with the same security and effectiveness as students in their neighboring towns of Hamden and Fairfield.